



MPACT EQUIPMENT REQUEST / SIGN-OUT

Please Complete one request.

PLEASE PRINT your information in the boxes below.

Person submitting this form must PICK-UP & RETURN the equipment .

Shoot Date:	Location:
Producer Name:	Airing Date:
Address:	D/L #
Phone:	Date/Time (Out): Stf Init:
Program Title:	Date/Time (In): Stf Init:

All media produced with MPACT equipment must appear on the MPACT channels.

Producers must exercise due regard for MPACT equipment in their possession.

Only members of MPACT may check-out equipment.

All crew members required to use MPACT equipment must attend our 12 Hour training program.

Camcorder Kit	1	2	3	4	5	6	7	8	9	10	11	Lighting Kit	1	2					
Microphone	1	2	3	4	5	6	7	8	9	10	11	12	Extension Cord	1	2	3	4		
Microphone	13	14											Power Strip	1	2	3	4		
Wireless Microphone Kit	1	2											Computer	1	2				
Microphone Stand (Floor)	1	2											DVD Recorder	1					
Microphone Stand (Table)	1	2											Hard Drives	1	2	3	4	5	
Microphone Cable	1	2	3	4	5	6	7	8	9	10	11	12	Mixer	1	2	3	4		
Headphones	1	2	3	4											Monitor	1	2	3	4
Tripod	1	2	3	4	5	6	7	8	9	10	11	VCR	1	2	3	4			
Dolly	1	2	3																

Signature:

Date:
